



**EUTF
OPEN ENROLLMENT 2012
ACTIVE EMPLOYEES**

OCTOBER 3 – 21, 2011

Important Dates

❑ Open Enrollment Election Period:
October 3 – 21, 2011

❑ New coverage becomes effective:
January 1, 2012

❑ Rates change effective:
January 1, 2012

❑ Plan period:
January 1, 2012 – June 30, 2013

Why is Open Enrollment Important?

During Open Enrollment you can:

- ☐ Add a plan, change from one plan to another, or drop a plan.
- ☐ Add a dependent or drop a dependent.
- ☐ Change coverage tiers such as changing from single to 2-party, 2-party to family, or family to self.
- ☐ Now is also a good time to tell us if you've had a change in address or telephone numbers.
- ☐ Open Enrollment is your only opportunity to make changes without a qualifying event such as adding a new dependent due to a birth or marriage.

Here Is What You Need To Know

- ❑ Know what plans you are currently enrolled in.
- ❑ Who are the dependents currently enrolled in your plans?
- ❑ Learn what is being offered.
- ❑ Read the Reference Guide to learn more about the various plans.

Dependent Eligibility

- Employee's legal spouse or Domestic Partner (DP)
 - Civil union partner and civil union partner's qualified dependents (starting January 1, 2012)
- You or your spouse's or DP's children up to age 26 (for medical coverage).
 - Includes children by birth, marriage, or adoption or legal guardianship (up to age 18).
- For dental and vision coverage, dependent children are covered up to age 19, and from age 19 to up to age 24 if they are unmarried and full-time students.

Dependent Eligibility

- Coverage can be continued for an unmarried child incapable of self-support due to mental/physical incapacity that existed prior to age 19 or prior to 26 if the child was enrolled prior to the limiting age.
- Child covered by terms of a qualified medical child support order (QMCSO)

Plan Definitions

- PPO – Preferred Provider Organization Plan:
A medical plan that is based on a network of preferred medical providers who have contracts with the carrier. Coverage is also available if you go to a provider who is not in the network.
- HMO – Health Maintenance Organization Plan:
Under an HMO plan, you agree to use the health care professionals and facilities associated with that HMO.

Plan Definitions

- HDHP – High Deductible Health Plan:
A PPO plan with a large calendar year deductible.
 - Participants are allowed to open and fund tax advantaged savings vehicles called Health Savings Accounts (HSA) which can be used to cover medical expenses not paid by the plan.
- Supplemental Plan:
If you have a medical plan through your non-State/County employed spouse or domestic partner, or another source, you can choose these plans. Expenses that are not covered by the other primary medical plan such as co-pays or coinsurance are paid under these plans.

Medical Plans

❖ HMSA 90/10 PPO with RSN Chiropractic*

*If you are currently enrolled in the HMA 90/10 PPO plan, and you do not submit the Form EC-1, then you will automatically be enrolled in the HMSA 90/10 PPO plan.

New HMSA ID cards will be mailed to you.

❖ HMSA 80/20 PPO with RSN Chiropractic

❖ HMSA HMO and HMSA Prescription Drug with RSN Chiropractic

Medical Plans

❖ Kaiser **Comprehensive** HMO and Kaiser Prescription Drug with RSN Chiropractic

❖ Kaiser **Basic** HMO and Kaiser Prescription Drug with RSN Chiropractic

Medical Plans

- ❖ HMSA Supplemental and HMSA Prescription Drug with RSN Chiropractic
- ❖ Royal State Supplemental and Royal State Prescription Drug with RSN Chiropractic
- ❖ HMSA High Deductible Health Plan (HDHP) and HMSA Prescription Drug

PPO Prescription Drug Plan

- ❖ Benefits do not change
- ❖ informedRx will continue to be the pharmacy benefit manager until the protest/appeal is resolved*

***A competitive Request For Proposals was issued in the Spring of 2011 for pharmacy benefit management services and a vendor was selected by the EUTF Board of Trustees. However, due to a protest/appeal being filed, the contracts with the current vendors are being temporarily extended.**

Dental & Vision Plans

❖ Hawaii Dental Service
(HDS) – Dental

❖ Vision Service Plan
(VSP) – Vision

HSTA VB Medical Packages

(available to former VEBA members currently enrolled in these plans)

- ❖ HMSA HSTA VB 90/10 PPO, Prescription Drug, VSP Vision and RSN Chiropractic
- ❖ HMSA HSTA VB 80/20 PPO Medical, Prescription Drug, Vision and RSN Chiropractic
- ❖ Kaiser Comprehensive HMO, Kaiser Prescription Drug, VSP Vision and RSN Chiropractic
- ❖ HMSA HSTA VB Supplemental, HMSA Prescription Drug, HMSA Vision and RSN Chiropractic

HSTA VB Dental Plans

(available to former VEBA members currently enrolled in these plans)

- ❖ Hawaii Dental Service
 - ❖ HDS - Dental
 - ❖ HDS - Supplemental Dental

Group Life Insurance Plan

- ❖ Royal State National
(changed from Standard Insurance)
- ❖ Coverage increases to \$38,361
- ❖ Beneficiary Designations will be transferred automatically from Standard Insurance to Royal State National. There is no need to complete a new form unless you want to make a change.
- ❖ MEDEX® Travel Assist is not included.

EUTF Plan Selection

SECTION 3: PLAN SELECTION

Make your selection by checking all the boxes of the appropriate benefit plans below. Select Self, Two-Party, Family or Cancel/Waive coverage. Choose only one box in each plan selection. If you do not make a selection, you will be considered as "waiving" coverage.

Medical Plan Type		Choose only one box in each plan selection			
	Carrier Selection	Cancel/Waive	Self	2-Party	Family
PPO	PPO-90/10 HMSA Medical, Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PPO-80/20 HMSA Medical, Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drug	Prescription Drug (Not a valid selection w/ HMO, HDHP, or Supplemental plans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMO	HMO-HMSA Medical, Prescription Drug Coverage, Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HMO-Kaiser Basic, (Includes Prescription Drug Coverage), Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HMO-Kaiser Comprehensive, (Includes Prescription Drug Coverage), Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HDHP	HDHP-High Deductible Health Plan HMSA (Includes Prescription Drug Coverage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental	Supplemental-HMSA (Includes Supplemental Prescription Drug Coverage), Chiro ***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supplemental-Royal State National Insurance Company (Includes Supplemental Prescription Drug Coverage), Chiro ***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** To be eligible for coverage under any Supplemental Health Benefit Plan, you and your eligible dependent(s) must be covered under another employer group health plan (private/Federal)

Other Plans		Cancel/Waive	Self	2-Party	Family
Dental	Hawaii Dental Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	Vision Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	Royal State National	<input type="checkbox"/>	<input type="checkbox"/>		

VB Plan Selection

SECTION 3: PLAN SELECTION

Make your selection by checking the all the boxes of the appropriate benefit plans below. Select Self, Two-Party, Family or Cancel/Waive coverage. Choose only one box in each plan selection. If you do not make a selection, you will be considered as "waiving" coverage.

Medical Plan Type	Carrier Selection	Choose only one box in each plan selection			
		Cancel/Waive	Self	2-Party	Family
PPO	PPO-90/10 HMSA Medical, Prescription Drug, Vision, Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PPO-80/20 HMSA Medical, Prescription Drug, Vision, Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMO	HMO-Kaiser Medical, (Includes Prescription Drug Coverage), Vision, Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental	Supplemental- HMSA Medical, Drug and Vision, Chiro ***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** To be eligible for coverage under any Supplemental Health Benefit Plan, you and your eligible dependent(s) must be covered under another employer group health plan (private/Federal)

Other Plans		Cancel/Waive	Self	2-Party	Family
Dental	Hawaii Dental Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supplemental Hawaii Dental Service ***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	Vision Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	Royal State National	<input type="checkbox"/>	<input type="checkbox"/>		

What Do I Need To DO?

- ❑ *Do I need to complete an enrollment form if I have no changes?*

No, there is no need to complete an [EC-1/EC-1H](#) form if you have no changes to make.

- ❑ *What are my choices?*

Read the Reference Guide to review your choices, and visit the carrier tables for detailed plan information.

- ❑ *What plans do I want to enroll in?*

Attend the Open Enrollment Informational Sessions to gather more information about the various plans and decide which one best meets your needs.

What Do I Need To Do?

☐ *Who do I need to cover?*

Open Enrollment is the time to add or drop dependents from your plan.

☐ *How much will it cost?*

Please visit EUTF's website at, eutf.hawaii.gov, for rate information. Rates will be posted on or between October 3, 2011 through October 7, 2011.

What Do I Need To Do?

- ❑ Complete the appropriate enrollment form Revised Sept 2011, **EC-1 or EC-1H** (HSTA-VB)
 - To make changes to your personal information
 - Name, address, phone number, e-mail address, etc.
 - To change your plans or coverage selection
 - To change dependent information
- ❑ Submit your completed and signed enrollment form to your identified Open Enrollment Designee*, designee to receive your form no later than October 21, 2011.

***Designee may be your office secretary, financial officer, human resources personnel, etc.**

Premium Conversion Plan (PCP- for State of Hawai'i Employees Only)

- Administered by the State Department of Human Resources Development (HRD)
- HRD will conduct a PCP open enrollment in the Spring of 2012*
 - *Employees will only be allowed to enroll in PCP or cancel PCP.

Contact Us

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Questions?